OMB #
Expires:

SP ID #: _____

SP NAME: _____

INTERVIEWER NAME: _____

INTERVIEWER ID:

FACILITY ID #: _____

START TIME: _____ am/pm

DEPARTMENT OF HEALTH AND HUMAN SERVICES

HEALTH CARE FINANCE ADMINISTRATION

MEDICARE CURRENT BENEFICIARY SURVEY

FACILITY COMPONENT

EXPENDITURES

ROUNDS 18 AND 19

ASSURANCE OF CONFIDENTIALITY

Information contained on this form that would permit identification of any individual or establishment is collected with a guarantee that it will be held in strict confidence by the contractor and HCFA, will be used only for purposes stated in this study, and will not be disclosed or released to anyone other than authorized staff of HCFA without the consent of the individual or the establishment in accordance with the Privacy Act of 1974.

BOX FEX1	If this is the first round that EX is administered in this facility, go to EX1PRE; Else, if this is a subsequent round that EX is administered in this facility: If FEX2 has not been asked in this facility in this round for this respondent, go to FEX1PRE; Else, go to BOX FEX2.

FEX1PRE

The next series of questions ask about expenditures for room and board and ancillary charges for residents. We will need complete billing records for services provided to residents.

PRESS ENTER TO CONTINUE.

PROGRAMMER SPECS:
Set CRIN billing period length to CRIN-1 billing period length (EX6).

BOX FEX2	If this is the first SP in this round and this is the first respondent for this SP, go to FEX2; Else, if this is not the first SP in this round and this is the first respondent for this SP, and this is the first time this round the respondent has been asked EX, for any SP, go to FEX2; Else, go to EX1PRE.

FEX2

DO YOU WANT TO...

( )

1. COLLECT BILLING INFORMATION FOR ALL BILLING PERIODS, BEFORE COLLECTING ANY PAYMENT INFORMATION?

OR

2. COLLECT BILLING AND THEN PAYMENT INFORMATION FOR A BILLING PERIOD, THEN BILLING AND PAYMENT INFORMATION IN SEQUENCE FOR ALL REMAINING BILLING PERIODS?

PRESS ENTER TO CONTINUE.

FACR.BILLINFO
EXRO.COLLBILL
XFAP.BILLINF

A. CHARGES AND SOURCE OF PAYMENT MODULE

EX1PRE

This series of questions asks about {SP}'s expenditures for room and board and ancillary charges while a resident of {FACILITY/[READ FACILITY/UNITS ABOVE]}.

{The first few questions are about billing and sources of payment when {s/he} first became a resident here on {FAD/RAD}.

PRESS ENTER TO CONTINUE.

BOX EX0	If SP is a SSM1 from the last round, go to KEX1; else Go to BOX EX1.

BOX EX1	If FEX2 = 1, (COLLECT ALL BILLING FIRST): If in retrieval mode for CRRD-1 ancillary charges and there are additional periods to collect ancillary charges for, go to EX17; else If SP was living in an eligible part of the facility for any billing period for which expenditures data has not already been collected and this is the first billing period for which expenditures data has not already been collected, go to EX2; else If SP was living in an eligible part of the facility for any billing period for which expenditures data has not already been collected and this is the second or subsequent billing periods for which expenditures data has not already been collected, loop through EX8 through EX18 until all billing periods have been collected; then go to BOX EX7B; else Go to BOX EX7B. Else, if FEX2 = 2 (COLLECT BILLING, THEN PAYMENT FOR EACH BP), go to BOX EX7B.

KEX1

When {SP} was first admitted to {FACILITY/[READ FACILITY UNITS ABOVE]} on {FAD}, what were all of the sources of payment for {her/his} room and board and basic care?

SELECT ALL THAT APPLY.

NO CHARGES
MEDICAID
PRIVATE PAY
SOCIAL SECURITY
SP OR SPOUSE'S OWN INCOME/ASSETS
OTHER FAMILY INCOME/ASSETS
PRIVATE INSURANCE, INCLUDING LTC INSURANCE, BC/BS
PENSION
OTHER PRIVATE PAY (SPECIFY: _____)
MEDICARE, PART A
VA CONTRACT
HMO CONTRACT
OTHER (SPECIFY: _____)
DON'T KNOW

USE ARROW KEYS. TO SELECT/DESELECT, PRESS ENTER. TO EXIT, PRESS ESC.

EXPN.KADNOCHG
.KADMCAID
.KADPRPAY
.KADSOSEC
.KADINCOM
.KADFAMIL
.KADINSUR
.KADPENS
.KADPOTHR
.KADPOS
.KADMCARE
.KADVA
.KADHMO
.KADOTHR
.KADOS

BOX KEX1	If "NO CHARGES" was selected in KEX1, go to KEX2; else If more than one source of payment was selected in KEX1, go to KEX3; else go to EX2.

KEX2

Why were there no charges?

IF ANSWER IS "MEDICAID PAID," BACK UP TO KEX1 AND SELECT "MEDICAID."

RECORD VERBATIM.

_____

_____

_____

_____ (EX2)

VEXP.VEXPSRCE
.VEXPTXT1
.VEXPTXT2
.VEXPTXT3
.VEXPTXT4

KEX3

Which of these sources was the primary source?

SELECT ONE.

USE ARROW KEYS. TO SELECT OR DESELECT, PRESS ENTER. TO EXIT, PRESS ESC.

EXPN.KADPRMRY

EX2

(The following questions are about {SP's} basic care between {REFERENCE START DATE} and {REFERENCE END DATE}.) Was there a charge for {her/his} room and board and basic care between {REFERENCE START DATE} and {REFERENCE END DATE}? Please include any charges to {SP}, {her/his} family, or a third party, such as Medicaid, Medicare, or a legal guardian.

YES	1	(EX4)
NO	0	(EX3)
DK	-8	(EX2a)
RF	-7	(EXEND)

EXRO.ANYBASIC

EX2A

Please tell me the name and title of someone in {FACILITY [READ FACILITY UNITS ABOVE]} who could give me that information.

RECORD RESPONDENT INFORMATION ON PAPER FROG.

Thank you for your time, I will need to continue with [NAME FROM FROG] to complete these questions.

PRESS ENTER TO CONTINUE.

EX3

Why were there no charges?

IF ANSWER IS "MEDICAID PAID," BACK UP TO EX2 AND ENTER "1."

RECORD VERBATIM.

_____

_____

_____

_____

VEXP.VEXPSRCE
.VEXPTXT1
.VEXPTXT2
.VEXPTXT3
.VEXPTXT4

BOX EX1A	If there are any CRIN-1 billing periods missing payment data, go to BOX EX7B; Else, go to EXEND.

EX4

Between {REFERENCE START DATE} and {REFERENCE END DATE}, was SP billed separately for health-related ancillary services? (That is, were there charges for ancillary services that were not included in the basic rate?)

IF FACILITY NEVER BILLS SEPARATELY FOR ANCILLARIES, ENTER SHIFT/5.

YES 1
NO 0

PRESS F1 FOR DEFINITION OF ANCILLARY SERVICES.

EXRO.ANCILSEP

FARO.ANCNVSEP

BOX EX2	If EX5 has not been asked in this facility in this round, go to EX5; else go to BOX EX2A.

EX5

Through what date do you have complete billing records for the services provided to residents?

MONTH ( ) DAY ( ) YEAR ( )

FARO.COMRECMM .COMRECDD .COMRECYY .COMREC
.COMORIGY .COMORIGD .COMORIGM

EX6

What is the length of the facility's billing period? Is it...

monthly,	1
every two weeks,	2
every week, or	3
quarterly?	4
OTHER (SPECIFY: _____)	91

FARO.BPLENGTH .BPLENGOS .XFACREXP FACL.FACBPLEN
.XPERSEXP .FACBPLOS

BOX EX2A	If the SP's {REF DATE} > {DATE FROM EX5}, go to EXEND; else Go to EX7PRE.

CTRL/E OK

EX7PRE

BILLING INFORMATION

FACILITY HAS UP-TO-DATE RECORDS THROUGH {DATE FROM EX5}
LENGTH OF BILLING PERIOD: {RESPONSE CODE FROM EX6.}
START WITH EARLIEST BILLING PERIOD.
COLLECT BILLING INFORMATION FROM {REFERENCE START DATE} THROUGH {REFERENCE END DATE}.

CTRL/E OK

EX8

VERIFY THE START AND END DATES FOR EACH BILLING PERIOD

BP START DATE: ( )/( )/( )
BP END DATE: ( )/( )/( )

NUMBER OF DAYS IN BILLING PERIOD . . . . . ( )

BPER.BPBEGMM .BPBEGDD .BPBEGYY
.BPENDMM .BPENDDD .BPENDYY
.BPDAYS

EX9

Between {BP START DATE} and {BP END DATE}, how many days was {SP} billed for care?

NUMBER OF BILLED DAYS: ( )

BPER.BILLDAYS

BOX EX3	If there are any DKs or RFs in the Billing Period Start and End Date, the number of billed days (EX9) is missing or days in eligible LTC from {BP START DATE} to {BP END DATE} cannot be calculated from Residence History, go to EX11; else If the number of billed days (EX9) is not missing and the days in the billing period (EX8) = number of billed days (EX9) and number of billed days = days in eligible LTC from {BP START DATE} to {BP END DATE}, as reported in Residence History, go to BOX EX3B; else If the number of billed days (EX9) = days in eligible LTC from {BP START DATE} to {BP END DATE}, as reported in Residence History, and the days in eligible LTC < the number of days in the billing period (EX8), go to BOX EX3B; else If the number of days in the billing period (EX8) = days in eligible LTC from {BP START DATE} to {BP END DATE}, as reported in Residence History and the days in eligible LTC > number of billed days (EX9), go to EX10; else If the number of days in the billing period (EX8) > number of billed days (EX9) and number of billed days > days in eligible LTC from {BP START DATE} to {BP END DATE}, as reported in Residence History, go to EX10A; else If the number of days in the billing period (EX8) > days in eligible LTC from {BP START DATE} to {BP END DATE}, as reported in Residence History and the days in eligible LTC > number of billed days (EX9), go to EX10A; else If the number of days in the billing period (EX8) = number of billed days (EX9) and number of billed days > days in eligible LTC from {BP START DATE} to {BP END DATE}, as reported in Residence History, go to EX10A; else Go to EX10.

EX10

Can you tell me why I have a discrepancy between the number of days in this billing period, that is, {EX8} and the number of days for which {SP} was billed, that is, {EX9}?

SELECT ALL THAT APPLY.

SP DISCHARGED TO COMMUNITY
SP SENT TO HOSPITAL
SP DECEASED
SP ADMITTED AFTER BP START DATE
SP DISCHARGED TO ANOTHER NH
OTHER (SPECIFY: _____)
DK
RF

USE ARROW KEYS. TO SELECT/DESELECT, PRESS ENTER. TO EXIT, PRESS ESC. (BOX EX3B)

BPER.EX10COMM
.EX10HOSP
.EX10DEAD
.EX10AFTR
.EX10OTNH
.EX10OTHR .EX10OS

EX10A

Earlier, I collected information that {SP} was a resident of this {nursing home/facility} for {NUMBER OF DAYS DURING BILLING PERIOD IN WHICH RH INDICATES SP WAS A RESIDENT IN ELIGIBLE LTC PLACE IN SF OR NF} days during this billing period. Yet, {s/he} was billed for {EX9} days. Can you tell me why I have this discrepancy?

SELECT ALL THAT APPLY.

SP SENT TO HOSPITAL, BED HELD
SP NOT BILLED ON ADMISSION DAY
SP NOT BILLED ON DISCHARGE DAY
SP NOT BILLED ON DATE OF DEATH
OTHER (SPECIFY: _____)
DK
RF

USE ARROW KEYS. TO SELECT/DESELECT, PRESS ENTER. TO EXIT, PRESS ESC.

BOX EX3B	If EX9 ("Number of days billed for care") = 0, go to BOX EX5; else Go to EX11.

BPER.EX10AHOS
.EX10AADM
.EX10ADIS
.EX10ADOD
.EX10AOTH
.EX10AOS

EX11

Between {BP START DATE} and {BP END DATE}, what rate was billed for {SP's} care? {(I'll ask about billing for ancillary services later.)}
PROBE: If more than one rate was billed, please give me the first rate within the billing period.

{BP START DATE} - {BP END DATE}
OF BILLED DAYS {EX9}

{ } DAYS YET TO BE ACCOUNTED FOR
[(EX9) - (EX12+ EX14)]

TOTAL AMOUNT BILLED ${_.__}

RATE [EX11 & EX13]	UNIT [EX12 & EX14]	DAYS
$.		
$.		
$.		
$.		

PER 1. DAY
2. MONTH
3. QUARTER
91. OTHER

USE ARROW KEYS. {F6=DITTO.} {CTRL/A=ADD} CTRL/D=DELETE. TO EXIT, PRESS ESC.

BRAT.BRATRATE **BPER.F6STAT** **BPER.BASICAMT**
.BRATUNIT **.BRATUNOS**
.BRATDAYS

EX12

How many days were billed at that rate?

( )
NUMBER OF BILLED DAYS

BRAT.BRATDAYS

BOX EX4	If all billed days in the billing period have been accounted for (EX9 - EX12 = 0), go to BOX EX5; else go to EX13.

EX13

Between {BP START DATE} and {BP END DATE}, what other rate was billed for {SP's} care?

BRAT.BRATRATE
.BRATUNIT **.BRATUNOS**

EX14

How many days were billed at that rate?

BRAT.BRATDAYS

PROGRAMMER SPECS:
Repeat EX13 and EX14 until all billed days in the billing period have been accounted for.

BOX EX5	If EX4 = 1 (SP billed separately for ancillaries) and billed days (EX9) > 0, go to EX15PRE; else Go to BOX EX6.

EX15PRE

The next questions are about health-related services received by {SP} for which there was a separate charge {, that is, your facility's ancillary services. Please do not include non-health-related services such as hairdressing, television, or telephone}.

PRESS F1 FOR EXAMPLES OF NON-HEALTH-RELATED ANCILLARIES.

PRESS ENTER TO CONTINUE.

EX16

Have all charges for ancillaries been posted for the period from {BP START DATE} to {BP END DATE}?

YES	1	(EX17)
NO	0	(BOX EX6)
DK	-8	(BOX EX6)
RF	-7	(BOX EX6)

BPRO.ANCLPOST

EX17

Does {SP} have any ancillary charges between {BP START DATE} and {BP END DATE}?

YES	1	(EX18)
NO	0	(BOX EX6)
DK	-8	(BOX EX6)
RF	-7	(BOX EX6)

BPRO.ANYANCIL

EX18

Altogether, what was the total charge for those health-related ancillary services?

RECORD AMOUNT BELOW.

$_____

BPER.ANCILAMT

BOX EX6	If this is the first round that EX is administered to in this facility: If this is the first SP in this round and this is the first respondent for this SP, go to EX19; else If this is **not** the first SP in this round and this is the first respondent for this SP and this is the first time this round the respondent has been asked EX, for any SP, go to Ex19; else Go to BOX EX7. Else, if EX was administered in this facility in CRRD-1, go to BOX EX7A.

EX19

DO YOU WANT TO ...

( )

1. COLLECT BILLING INFORMATION FOR ALL BILLING PERIODS, BEFORE COLLECTING ANY PAYMENT INFORMATION?

OR

2. COLLECT BILLING AND PAYMENT INFORMATION FOR THIS BILLING PERIOD, THEN BILLING AND PAYMENT INFORMATION IN SEQUENCE FOR ALL REMAINING BILLING PERIODS?

FACR.BILLINFO **XFAP.BILLINF**
EXRO.COLLBILL **.EX19FLAG**

BOX EX7	If EX19 = 1, "COLLECT ALL BILLING FIRST", loop EX8 through EX18 until all billing periods have been collected; then go to EX20; else If EX19 = 2, "COLLECT BILLING, THEN PAYMENT FOR EACH BP", go to EX20, then loop EX8 through BOX EX14 until all billing periods for which billed days > 0 have been accounted for.

BOX EX7A	If FEX2 = 1, (COLLECT ALL BILLING FIRST): If in retrieval mode for CRRD-1 ancillary charges and there are additional periods to collect ancillary charges for, go to EX17; else If SP was living in an eligible part of the facility for any billing period for which expenditures data has not already been collected and this is the first billing period for which expenditures data has not already been collected, go to EX2; else If SP was living in an eligible part of the facility for any billing period for which expenditures data has not already been collected and this is the second or subsequent billing periods for which expenditures data has not already been collected, loop through EX8 through EX18 until all billing periods have been collected; then go to BOX EX7B; else Go to BOX EX7B. Else, if FEX2 = 2 (COLLECT BILLING, THEN PAYMENT FOR EACH BP), go to BOX EX7B.

BOX EX7B	1. If EX20 for this billing period (receipt of expected payments for basic care) = NO (0) in CRIN-1, go to EX20; else go to step 2. 2. If EX28 for this billing period (receipt of expected payments for ancillaries) = NO (0) in CRIN-1 or EX17 = YES (1) and ancillary payments have not been collected for this billing period, go to EX28; else 3. For any additional billing periods for which billed days > 0 and for which payment data has not already been collected; go to EX20; else 4. Go to BOX EX21.

CTRL/E OK {BP START DATE}-{BP END DATE}

EX20

{(When I was last here on {DATE OF CRRD-1 INTERVIEW}, you had not yet received expected payments for {SP}'s care for some of the billing periods. I'd like to review that information with you now.)}

Have you received all of the payments for basic care you expect to receive for {SP} during the [READ BILLING PERIOD ABOVE] billing period?

YES	1	(EX21)
NO	0	(BOX EX14)

BPRO.RECDBASP

EX21

Please tell me the sources of payment for {SP}'s basic care for this billing period and the total amount each source paid.

{BP START DATE} - {BP END DATE}
OF BILLED DAYS {EX9}
TOTAL BILLED: ${ . }
AMOUNT REMAINING: ${ . }

MEDICAID	$.
PRIVATE PAY	$.
SOCIAL SECURITY	$.
SP/FAMILY INCOME	$.
PRIVATE INSURANCE (SEE BELOW)	$.
PENSION	$.
MEDICARE, PART A	$.
VA CONTRACT	$.
HMO CONTRACT TEXT	$.
OTHER SPECIFY TEXT	$.

USE ARROW KEYS. CTRL/A=ADD, CTRL/D=DELETE. TO EXIT, PRESS ESC.

{NAME OF INSURANCE COMPANY - MEDIGAP}
{NAME OF INSURANCE COMPANY - PRV HLTH INS}
{NAME OF INSURANCE COMPANY - LTC POLICY}
{NAME OF INSURANCE COMPANY}

PAYM.PAYMPAID .PAYMTEXT BPER.BASICPAY .BASRATE .PAYMPLAN

EX21A

What kind of plan is that?

MEDIGAP PLAN	1
LONG-TERM CARE PLAN	2
SOMETHING ELSE	3
DK	-8
RF	-7

PAYM.PAYMPLAN

BOX EX7C	If Residence History is completed for the SP and this is the first time this round that Medicare Part A is identified as a payment source for this SP, review the Residence History timeline for a stay, of at least one day, in which place type is HOSPITAL. Review from REF DATE through the billing period in which Part A was selected/added. If there is no HOSPITAL day reported, go to EX21B; else, do not display.

EX21B {BP START DATE} - {BP END DATE}

Medicare Part A has been reported as a payment source for basic care for {SP} for [READ BILLING PERIOD ABOVE], but I have not recorded any preceding hospital stays for {him/her}.

Please tell me why Medicare paid for {SP} during this billing period.

RECORD VERBATIM BELOW. IF NECESSARY, BACK UP TO CORRECT.

IF HOSPITAL STAY IS REPORTED, RECORD DATES OF STAY BELOW.

_____

_____

_____

_____

EXRO.EX21BFLG
VEXP.VEXPSRCE
.VEXPTXT1
.VEXPTXT2
.VEXPTXT3
.VEXPTXT4

BOX EX8	After collecting all payment information for the billing period, If this is the first time this round coming to BOX EX8 for this SP, and if the difference between the "total amount paid" and the "total amount billed" is greater than 10%, If Medicaid is one of the sources of payment and the "total payments received" is 70% or more of the "total amount billed" and less than or equal to 110% of the "total amount billed", go to BOX EX9; Else, if the difference between the "total amount billed" and the "total amount paid" is greater than 10%, go to EX22; Else, go to BOX EX9; Else, if this is the second time (or greater) this round coming to BOX EX8 for this SP, and if the difference between the "total amount paid" and the "total amount billed" is greater than 10%, If EX22 = 1 (MEDICAID WRITE-OFF) or 2 (OTHER WRITE-OFF) for any previous billing period and if the "total amount paid" is 70% or more of the "total amount billed" and less than or equal to 110% of the "total amount billed", go to BOX EX9; Else, if Medicaid is one of the sources of payment and the "total payments received" is 70% or more of the "total amount billed" and less than or equal to 110% of the "total amount billed", go to BOX EX9. Else, if the difference between the "total amount billed" and the "total amount paid" is greater than 10%, go to EX22; Else, go to BOX EX9. Else, go to BOX EX9.

EX22

There seems to be a difference between what {FACILITY/[READ FACILITY/UNITS ABOVE]} billed between {BP START DATE} and {BP END DATE} and the payments received. The total amount billed I have entered for this billing period is {EX11} and the total payments for the period are {SUM OF EX21 PAYMENTS}. Why is that?

MEDICAID WRITE-OFF/ADJUSTMENT	1
OTHER WRITE-OFF/ADJUSTMENT	2
OTHER (SPECIFY:_____) . . .	91
DK	-8
RF	-7

PRESS F1 FOR DEFINITION OF "MEDICAID WRITE-OFF".

BPER.BAS10PCT .BAS10POS

BOX EX9	The first time Medicaid is identified as a payment source for this SP, check REF DATE and determine from Residence History where the SP was residing at that time (i.e., in which eligible LTC place) and whether that place was certified for Medicaid in that round. If the place is not certified for Medicaid, go to EX23; and The first time Medicare is identified as a payment source for this SP, check REF DATE and determine from Residence History where the SP was residing at that time and whether that place was certified for Medicare (Facility Questionnaire) in that round. If the place is not certified for Medicare, go to EX23; else Go to BOX EX9A.

EX23

I seem to have recorded some discrepant information. Earlier, I recorded that {FACILITY/UNITS NOT CERTIFIED BY MEDICAID/MEDICARE} is not certified by {Medicaid/Medicare} but I have identified {Medicaid/Medicare} as a payment source. Why would {Medicaid/Medicare} be paying for {SP's} care?

RECORD VERBATIM BELOW; IF NECESSARY, BACK UP TO CORRECT.

_____

_____

_____

_____

EXPN.EXFCAID
.EXFCARE

VEXP.VEXPSRCE
.VEXPTXT1
.VEXPTXT2
.VEXPTXT3
.VEXPTXT4

BOX EX9A	For an SP whose Medicaid status in this round is "PENDING" (IN1=2), or whose Medicaid number is unknown (IN3 = -1, -8 or -7 and HA47 = -8, -7, or -5) the first time Medicaid is identified as a payment source, go to EX23A; else Go to BOX EX10, STEP 2.

EX23A

Please tell me {SP}'s {"PREFERRED" NAME FOR MEDICAID} {(or "ALLOWED FOR" NAME FOR MEDICAID)} ID number.

_____
MEDICAID ID NUMBER

DK	-8	(BOX EX10 STEP 1)
RF	-7	(BOX EX10 STEP 1)

HIRO.ECAIDNUM

EX23B

I'd like to verify the {"PREFERRED" NAME FOR MEDICAID} {(or "ALLOWED FOR" NAME FOR MEDICAID)} ID number that I have recorded. I have entered {MEDICAID ID NUMBER}. Is this correct?

YES	1	(BOX EX10, STEP 1)
NO	0	
DK	-8	(BOX EX10, STEP 1)
RF	-7	(BOX EX10, STEP 1)

HIRO.ECAIDVER

EX23C

Let me enter it again. (What {is/was} {SP}'s {"PREFERRED" NAME FOR MEDICAID} {(or "ALLOWED FOR" NAME FOR MEDICAID)} ID number?)

_____ (EX23B)
MEDICAID ID NUMBER

DK	-8	(BOX EX10, STEP 1)
RF	-7	(BOX EX10, STEP 1)

HIRO.ECAIDNUM

BOX EX10	1. The <u>first</u> time Medicaid is identified as a payment source for an SP, go to EX24 to attempt resolution; and 2. The <u>first</u> time Medicare is identified as a payment source for an SP who has not been identified in Health Insurance (IN12 = 0, -8 or -7) and Health Status (HA44A = 3 (SP HAS NO MEDICARE NUMBER), -8 or -7) as a beneficiary of Medicare, go to EX24 to attempt resolution; else Go to BOX EX11.

EX24

Earlier, I recorded that {SP} was not a {Medicaid/Medicare} {recipient/beneficiary} but I have identified {Medicaid/Medicare} as a source of payment. Why would {Medicaid/Medicare} be paying for {SP's} care?

RECORD VERBATIM BELOW; IF NECESSARY, BACK UP TO CORRECT.

_____

_____

_____

_____

EXPN.EXSPCAID
.EXSPCARE

VEXP.VEXPSRCE
.VEXPTXT1
.VEXPTXT2
.VEXPTXT3
.VEXPTXT4

BOX EX11	If Medicaid is not identified as a payment source for the current billing period but appears in the preceding billing period (including if the billing period occurred in the previous round), go to EX25 to attempt resolution; else Go to BOX EX12.

EX25

It seems that I might have made a mistake in identifying the various sources of payment for {SP's} care. Earlier, I recorded that {her/his} basic charges from {FIRST BP START DATE WITH MEDICAID AS PAYER} through {LAST BP END DATE WITH MEDICAID AS PAYER} were paid by Medicaid, and in this billing period, Medicaid is no longer a payment source. Why didn't Medicaid continue to pay for {her/his} care?

RECORD VERBATIM BELOW; IF NECESSARY, BACK UP TO CORRECT.

_____

_____

_____

_____

BPER.EXBPCAID VBPE.VBPESRCE

VBPE.VBPETXT1
.VBPETXT2
.VBPETXT3
.VBPETXT4

BOX EX12	If Medicare is identified as a payment source on the billing matrix, and the amount paid by Medicare represents less than 10 percent of the total payments received for the billing period, go to EX26 to attempt resolution; else Go to BOX EX14.

EX26

TOTAL PAYMENTS: {TOTAL PAYMENTS}
MEDICARE PAYMENTS: {MEDICARE PAYMENTS}

Medicare's payment for this billing period represents less than 10 percent of the total payments for basic care. Is this Medicare payment a Part B payment?

IF NECESSARY, BACK UP TO EX21 TO CORRECT PAYMENTS.

YES	1	(BOX EX14)
NO	0	(EX27)
DK	-8	(EX27)
RF	-7	(BOX EX14)

BPER.CAREPRTB

EX27

TOTAL PAYMENTS: {TOTAL PAYMENTS}
MEDICARE PAYMENTS: {MEDICARE PAYMENTS}

Can you tell me why the Medicare payment is so small?

RECORD VERBATIM BELOW; IF NECESSARY, BACK UP TO CORRECT PAYMENTS.

_____

_____

_____

_____

VBPE.VBPESRCE
VBPE.VBPETXT1
.VBPETXT2
.VBPETXT3
.VBPETXT4

BOX EX14	If EX17 = "YES", go to EX28; else Go to BOX EX19.

EX28

Have you received all the payments you expect to receive for {SP's} ancillary services during the [READ BILLING PERIOD ABOVE] billing period?

YES	1	(EX29)
NO	0	(BOX EX19)

BPRO.RECDANCP

EX29

Please tell me the sources of payment for {SP}'s ancillary services for [READ BILLING PERIOD ABOVE] and the total amount each source paid.

{BP START DATE} - {BP END DATE}
OF BILLED DAYS {EX9}
TOTAL CHARGE: ${ . }
AMOUNT REMAINING: ${ . }

MEDICAID	$.
PRIVATE PAY	$.
SOCIAL SECURITY	$.
SP/FAMILY INCOME	$.
PRIVATE INSURANCE (SEE BELOW)	$.
PENSION	$.
MEDICARE-PART B	$.
VA CONTRACT	$.
HMO CONTRACT	$.
OTHER SPECIFY TEXT	$.

USE ARROW KEYS. CTRL/A = ADD, CTRL/D = DELETE. TO EXIT, PRESS ESC.

{NAME OF INSURANCE COMPANY - MEDIGAP}
{NAME OF INSURANCE COMPANY - PRV HLTH INS}
{NAME OF INSURANCE COMPANY - LTC POLICY}
{NAME OF INSURANCE COMPANY}

PAYM.ANCRATE .PAYMTEXT BPER.ANCILAMT
.PAYMPAID .PAYMPLAN

EX29A

What kind of plan is that?

MEDIGAP PLAN	1
LONG-TERM CARE PLAN	2
SOMETHING ELSE	3
DK	-8
RF	-7

PAYM.PAYMPLAN

BOX EX15	After collecting all payment information for the billing period, If this is the first time this round coming to BOX EX15 for this SP, and if the difference between the "total amount paid" and the "total amount billed" is greater than 10%, If Medicaid is one of the sources of payment and the "total payments received" is 70% or more of the "total amount billed" and less than or equal to 110% of the "total amount billed", go to BOX EX16; Else, if the difference between the "total amount billed" and the "total amount paid" is greater than 10%, go to EX30; Else, go to BOX EX16; Else, if this is the second time (or greater) this round coming to BOX EX15 for this SP, and if the difference between the "total amount paid" and the "total amount billed" is greater than 10%, If EX30 = 1 (MEDICAID WRITE-OFF) or 2 (OTHER WRITE-OFF) for any previous billing period and if the "total amount paid" is 70% or more of the "total amount billed" and less than or equal to 110% of the "total amount billed", go to BOX EX16; Else, if Medicaid is one of the sources of payment and the "total payments received" is 70% or more of the "total amount billed" and less than or equal to 110% of the "total amount billed", go to BOX EX16. Else, if the difference between the "total amount billed" and the "total amount paid" is greater than 10%, go to EX30; Else, go to BOX EX16. Else, go to BOX EX16.

EX30

There seems to be a difference between what {FACILITY/[READ FACILITY/UNITS ABOVE]} billed for ancillary services between {BP START DATE} and {BP END DATE} and the payments received. The total amount billed I have entered for [READ BILLING PERIOD ABOVE] {EX18} and the total payments for the period are {SUM OF EX29 PAYMENTS}. Why is that?

MEDICAID WRITE-OFF/ADJUSTMENT	1
OTHER WRITE-OFF/ADJUSTMENT	2
OTHER (SPECIFY:_____)	91
DK	-8
RF	-7

PRESS F1 FOR DEFINITION OF "MEDICAID WRITE-OFF".

BPER.ANC10PCT .ANC10POS

BOX EX16	The first time Medicaid is identified as a payment source for this SP, check REF DATE and determine from Residence History where the SP was residing at that time (i.e., in which eligible LTC place) and whether that place was certified for Medicaid in that round. If the place is not certified for Medicaid, go to EX31; and The first time Medicare is identified as a payment source for this SP, check REF DATE and determine from Residence History where the SP was residing at that time and whether that place was certified for Medicare (Facility Questionnaire) in that round. If the place is not certified for Medicare, go to EX31; else Go to BOX EX17.

EX31

I seem to have recorded some discrepant information. Earlier, I recorded that {FACILITY/UNITS NOT CERTIFIED BY MEDICAID/MEDICARE} is not certified by {Medicaid/Medicare} but I have identified {Medicaid/Medicare} as a payment source. Why would {Medicaid/Medicare} be paying for {SP's} care?

RECORD VERBATIM BELOW; IF NECESSARY, BACK UP TO CORRECT.

_____

_____

_____

_____

EXPN.EXFCAID
.EXFCARE

VEXP.VEXPSRCE
.VEXPTXT1
.VEXPTXT2
.VEXPTXT3
.VEXPTXT4

BOX EX16A	For an SP whose Medicaid status in this round is "PENDING" (IN1=2), or whose Medicaid number is unknown (IN3 = -1, -8, -7 and HA47 = -8, -7, or -5) the first time Medicaid is identified as a payment source, go to EX31A; else Go to BOX EX17, STEP 2.

EX31A

Please tell me {SP}'s {"PREFERRED" NAME FOR MEDICAID} {(or "ALLOWED FOR" NAME FOR MEDICAID)} ID number.

_____
MEDICAID ID NUMBER

DK	-8	(BOX EX17, STEP 1)
RF	-7	(BOX EX17, STEP 1)

HIRO.ECAIDNUM

EX31B

I'd like to verify the {"PREFERRED" NAME FOR MEDICAID} {(or "ALLOWED FOR" NAME FOR MEDICAID)} ID number that I have recorded. I have entered {MEDICAID ID NUMBER}. Is this correct?

YES	1	(BOX EX17, STEP 2)
NO	0	
DK	-8	(BOX EX17, STEP 1)
RF	-7	(BOX EX17, STEP 1)

HIRO.ECAIDVER

EX31C

Let me enter it again. (What {is/was} {SP}'s {"PREFERRED" NAME FOR MEDICAID} {(or "ALLOWED FOR" NAME FOR MEDICAID)} ID number?)

_____ (EX31B)
MEDICAID ID NUMBER

DK	-8	(BOX EX17, STEP 1)
RF	-7	(BOX EX17, STEP 1)

HIRO.ECAIDNUM

BOX EX17	1. The <u>first</u> time ever Medicaid is identified as a payment source for an SP, go to EX32 to attempt resolution, and 2. The <u>first</u> time ever Medicare is identified as a payment source for an SP who has not been identified in Health Insurance (IN13 = 0, -8, -7) and Health Status (HA44A = 3 (SP HAS NO MEDICARE NUMBER), -8 or -7) as a beneficiary of Medicare, go to EX32; else Go to BOX EX18.

EX32

Earlier, I recorded that {SP} was not a {Medicaid/Medicare} {recipient/beneficiary} but I have identified {Medicaid/Medicare} as a source of payment.

Why would {Medicaid/Medicare} be paying for {SP's} ancillaries?

RECORD VERBATIM BELOW; IF NECESSARY, BACK UP TO CORRECT.

_____

_____

_____

_____

EXPN.EXSPCAID
.EXSPCARE

VEXP.VEXPTXT1
.VEXPTXT2
.VEXPTXT3
.VEXPTXT4

BOX EX18	If edit EX25 has not been triggered in BOX EX11 for the current billing period, and If Medicaid is not identified as payment source for ancillaries for the current billing period but appears in preceding period (including if the billing period occurred in the previous round), go to EX33 to attempt resolution; else Go to BOX EX19.

EX33 *CTRL/E OK*

It seems that I might have made a mistake in identifying the various sources of payment for {SP's} care. Earlier, I recorded that {her/his} charges for ancillaries from {FIRST BP START DATE WITH MEDICAID AS PAYOR} through {LAST BP END DATE WITH MEDICAID AS PAYOR} were paid by Medicaid, and in this billing period, Medicaid is no longer a payment source. Why didn't Medicaid continue to pay for {her/his} ancillary services?

RECORD VERBATIM BELOW; IF NECESSARY, BACK UP TO CORRECT.

_____

_____

_____

_____

BPER.EXBPCAID

VBPE.VBPESRCE
VBPE.VBPETXT1
.VBPETXT2
.VBPETXT3
.VBPETXT4

BOX EX19	If this is CRIN-1 data retrieval for ancillary charges for the next billing period are needed, go to EX17; else If this is CRIN-1 data retrieval for payments for basic care or ancillary services for the next billing period are needed, go to BOX EX7B; else Go to BOX EX20.

BOX EX20	If amounts billed for all BPs have been collected but sources of payment for all BPs in which days billed (EX9) > 0 have not, loop EX20 through BOX EX20 until all those BPs have been collected, then go to BOX EX21; else If amounts billed for all BPs have not been collected, loop EX8 through BOX EX20 until all BPs in which days billed (EX9) > 0 have been accounted for, then go to BOX EX21; else Go to BOX EX21.

BOX EX21	If private pay (Private Pay, Social Security, SP or Spouse's Own Income/Assets, Other Family Income/Assets, Private Insurance, Pension, Other Private Pay) has never been reported as a source of payment and IN20 = "YES", go to EX34; else Go to BOX EX21A.

EX34

Earlier I was told that {SP} had long-term care insurance {from {NAME OF INSURANCE COMPANY FROM IN28}}. Is it correct that this policy paid for none of {her/his} care?

YES	1	(BOX EX21A)
NO	0	(EX35)
DK	-8	(BOX EX21A)
RF	-7	(BOX EX21A)

EXRO.USENOLTC

EX35

Can you explain this to me?

RECORD VERBATIM BELOW.

_____

_____

_____

_____

VEXP.VEXPSRCE
.VEXPTXT1
.VEXPTXT2
.VEXPTXT3
.VEXPTXT4

BOX EX21A	If IN1 = pending from CRIN-1 and Medicaid has never been reported as a payment source, go to EX35A; else Go to EXEND.

EX35A

The last time I was here, I collected information that {SP}'s {"PREFERRED" NAME FOR MEDICAID} {(or "ALLOWED FOR" NAME FOR MEDICAID)} eligibility status was pending. Is it still pending or has {"PREFERRED" NAME FOR MEDICAID} {(or "ALLOWED FOR" NAME FOR MEDICAID)} been denied?

STILL PENDING	1
DENIED	2
DK	-8
RF	-7

HIRO.ECAIDECO

EXEND

YOU HAVE COMPLETED THE EXPENDITURES SECTION FOR THIS SP.

PRESS ENTER TO RETURN TO NAVIGATION SCREEN.